

Atty. Docket No. YOR920010266US2
(590.071)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

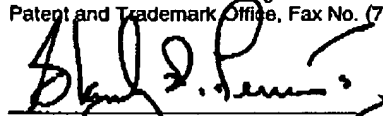
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JUN 13 2005

In re Application of : Gradus Janssen
Serial No. : 10/054,036 Examiner : L. Garbowski
Filed : January 22, 2002 Art Unit : 2825
For : DESIGN OF A POINTERLESS BDD PACKAGE

June 13, 2005

PETITION AND FEE FOR EXTENSION OF TIME
PURSUANT TO 37 C.F.R. § 1.136(a)

I hereby certify that this correspondence and any documents referred to as
enclosed therewith are being facsimile transmitted to the United States
Patent and Trademark Office, Fax No. (703) 872-9306 on June 13, 2005.


Stanley D. Ference III
Reg. No. 33,879June 13, 2005
Date of Signature

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant(s) hereby petitions for an extension of time for a total period of two (2)
month(s) through and including June 13, 2005 (the next succeeding day which is not a
Saturday or Sunday) to respond to the Office Action mailed on January 11, 2005. If an
additional extension of time is required to insure that this paper is timely filed, please
consider this a petition therefor.

06/14/2005 TL0111 00000036 10054036

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(590.071)

The Response for which this extension is requested is filed herewith.

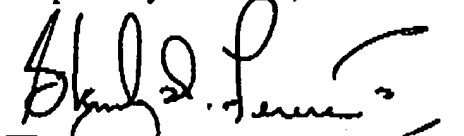
Applicant is other than a small entity and the extension fee required under 37

C.F.R. § 1.17(a)-(d) is calculated below:

		large entity	small entity
()	one month	\$120	\$60
(X)	two months	\$450	\$225
()	three months	\$1,020	\$510
()	four months	\$1,590	\$795
()	five months	\$2,160	\$1,080

Attached hereto is a completed Credit Card Payment Form. Please charge the credit card identified thereon in the amount of \$450.00 to cover the extension of time fee for two (2) months. The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to the credit card identified in the attached Credit Card Payment Form.

Respectfully submitted,



Stanley D. Ference III
Registration No. 33,879

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile

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JUN 13 2005

FERENCE & ASSOCIATES
Amendment TransmittalAtty. Docket No. YOR920010266US2
(590.071)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Gradus Janssen
Serial No. : 10/054,036 Examiner : L. Garbowski
Filed : January 22, 2002 Group Art Unit : 2028
For : DESIGN OF A POINTERLESS BDD PACKAGE

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

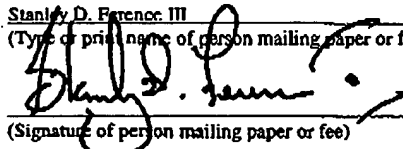
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on June 13, 2005 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference, III

(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

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FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR920010266US2
(590.071)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
				RATE	FEE		RATE	FEE	
Total Claims	15	** 20	= * 0	x \$9	=	O R	x \$18	=	
Ind. Claims	3	*** 3	= * 0	x \$44	=	O R	x \$88	=	
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$150	=	O R	+ \$300	=	
				TOTAL	= \$	O R	TOTAL	= \$0	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

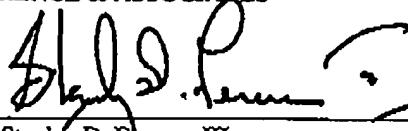
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: June 13, 2005

Mailing Address:

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